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Office Use Only



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2013 (1.1. - 1.1. 1.1. 10: 11.1)

COVER LETTER

TO: Registration Section Division of Corporations	·
SUBJECT: () M) (Name of Limited	COMPANIES LLC d Liability Company)
The enclosed member, resignation or dissociation	,
Please return all correspondence concerning thi	
Hailey Shaffer (Contact Person)	
Comberland Company	YES LLC
2004 Winterset Dr.	
[City/State and Zip Code)	3
For further information concerning this matter, p	olease call:
(Name of Contact Person) at	(253) 740 - 1799 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to th	
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E079 (2/14)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

1. The name of the of State is:	limited liability compa	any as it appears on the records	s of the Florida Departmen
2. The Florida docu	ment/registration numl	ber assigned to this limited lial	bility company is:
4. I. Yau Br Print Na AMB	ame of Person Resigning) Print Title)		esign as a
resignation in writ	ility company and affir ing.	rm the limited liability compar	
Dercel			9,099
Signature of Dis	sociating Member or R	Resigning Manager	
Filing Fee:	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		<u>(</u> 5.